



Tennessee Board for
Licensing Contractors
500 James Robertson Pkwy.
Nashville, TN 37243-1150
1-800-544-7693 or
Fax: (615) 532-2868

QUALIFYING AGENT CHANGE/ADD FORM

License Name: _____ Add to License ID#000 _____

New Qualifying Agent's Name: _____ SS# _____

Classification Designation: _____ Employment Date: _____ Owner: ☐ Yes ☐ No

Exam(s) Taken: _____ Score(s) _____ (attach a copy of scores!)

Reciprocity from the State of _____

Is Qualifying Agent listed on another license? ☐ No ☐ *Yes – License ID#000 _____

If "Yes" – Attach an explanation or retirement application / Complaints on File: ☐ No ☐ Yes

Name of Qualifying Agent Leaving: _____ Effective Date: _____ N/A _____

QUALIFYING AGENT EXPERIENCE LIST (May attach resume)

Please list experience or attach resume of qualifying agent in order to have designation added to contractor's license:

Year: _____ Project/For Whom _____ Contract Amount \$ _____

Type of Work: _____

Year: _____ Project/For Whom _____ Contract Amount \$ _____

Type of Work: _____

Year: _____ Project/For Whom _____ Contract Amount \$ _____

Type of Work: _____

Certifications/Licenses

(Please list and attach copies of any certifications, training or licenses of qualifying agent)

Signature – Qualifying Agent

(Should the QA leave the company, please
notify the Board!)

For Office Use Only

Exam: _____ Score: _____ Date: _____

____ Copy of Score Attached

____ POA

____ QA Add Form

____ QA's Prior Employer- _____

____ Experience – Years: _____

____ Other _____

____ Approved _____ Date _____ By _____



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POWER OF ATTORNEY

Know all that I, _____, _____ of
(Name) (Title)

_____ do hereby appoint:
(Company/License Name) (License ID#)

(Qualifying Agent) (Title) (Date of Employment)

authorization to act as the qualifying agent (QA) on the company's behalf for the classification designation of: _____ and to take the examinations (s) required for a Tennessee contractors license.

This designated qualifying agent ___ ***IS** or ___ **IS NOT** listed as the QA for another licensee (attach explanation if listed on another license in Tennessee). I understand should the qualifying agent leave the company, pursuant T.C.A. §62-6-115, the Board will be notified of another individual designated to pass the examinations within 90 days.

Stockholder/Owner's Signature *Title*

Affirmed and subscribed before me this _____ day of _____, 20_____.

Notary Public My Commission Expires: _____
State of _____
County of _____

-(Seal)-

*Designated on License ID#000_____

*(To be completed by corporations and partnerships
appointing qualifying agents for testing and board interview)*